

THE
LONDON MEDICAL
REPOSITORY.

No. 14.

FEBRUARY 1, 1815.

VOL. III.

Washington Price PART I. *Surgeon 12th St.*
ORIGINAL COMMUNICATIONS. *10p*

I.

A Case of Ruptured Uterus. By HENRY GORE CLOUGH, M. D.;
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Two cases of Ruptured Uterus have happened in the metropolis in a few weeks, and a history of one of these having been already given in the REPOSITORY, (vol. ii. p. 361,) I am induced to think an account of the other will neither be useless nor unacceptable.

Elizabeth Danielli, the subject of this unfortunate case, married at the age of eighteen, and became pregnant of her first child about the latter end of the year 1812. At the commencement of 1813, she was afflicted with severe diarrhœa, which, baffling every means used for its suppression, continued to the time of her accouchement. On the 19th of June her labour commenced; but being unwilling to give trouble, she did not apply for assistance until the morning of the 21st, when she appeared much exhausted, and the pains had become feeble and inefficient. By an examination *per vaginam*, I then ascertained the external orifice and os uteri to be in a dilatable state, and that the membranes had been some time ruptured. In about an hour, I discovered the head of the child resting on the upper aperture of the pelvis. The abdomen, at this time, was very much distended, and as the *liquor amnii* had been discharged, I concluded that there was either a very large child, or twins. The pelvis was preternaturally small, but not distorted. The exact presentation of the cranium I cannot at

present determine, not being able to recover the notes made at the time.

Having maturely considered all the circumstances, I judged it expedient to perform *cephalotomia* immediately; this being effected, she was left to obtain some repose.

On the 22d, about two in the afternoon, with the assistance of Mr. Andrews, of Crawford Street, then my pupil, I effected, with much difficulty, the delivery of a large male child. The diarrhoea, before mentioned, continued for six weeks after the delivery; but she recovered much better, upon the whole, than could have been expected. As elucidative of the second labour of *Elizabeth Danielli*, in which she died by rupture of the uterus, I have thought right to premise this short account of the first.

The danger from which the patient so narrowly escaped in the first labour, occasioned it to be urged to her husband and her friends, that in the event of her becoming again pregnant, it would be reasonably expedient to induce premature labour.

About the beginning of February 1814, she became again pregnant; but being desirous to have, as she had been taught to believe she might, a living child at the seventh month, and her husband not consenting to the inducing labour before that time had elapsed, the operation was deferred until I was apprehensive the advantages to be derived from it were not longer, in her case decidedly, to be expected.

Although I had been successful in the former labour, and, under great impediments, had delivered her of a very large child, I felt convinced that if she proceeded on to the end of nine months, the case would certainly be one of extreme hazard, and of, probably, fatal termination.

Under this conviction, it was determined now to bring on labour, notwithstanding the possibility of that step having been too long deferred.

On the 25th of September, about four in the afternoon, I ruptured the membranes, and the liquor amnii passed off by degrees. About forty-eight hours after the membranes had been ruptured, pains came on, and the os uteri began to dilate. I was then, (Tuesday the 27th,) at four in the afternoon, requested to attend. I found the os uteri sufficiently dilated to admit two fingers; the child being very high up in the superior aperture of the pelvis, the presenting parts could not be determined. As the os uteri became further dilated, the parts that presented were ascertained to be both arms, and the left lower extremity on the right side, and the head on the left, strongly wedged in the brim of the pelvis by powerful uterine action; which action continued without intermission near four hours. During this time I had made frequent attempts to return the arms, and

extract the child by the presenting foot; and had so far succeeded as to return one arm.

At nine in the evening, I judged it expedient to consult with my friend, Mr. Royston: Mr. Atkins, my house pupil, had been with me during the whole of the labour.

After a careful examination of the case, Mr. Royston was of opinion that it was impossible to return the remaining arm, or to push up the head enough to enable me to extract by the presenting lower extremity. The narrowness of the pelvis precluded also the possibility of passing the hand into the uterus, with a view of bringing down the lower extremity.

Under these circumstances we concluded that an attempt might, however, be made to extract by the presenting lower extremity, a piece of tape being passed round it, pushing up the head and presenting arm at the same time. But this failing, the dernier resource would be, to remove the extremities, open the head, and deliver with the crotchet.

Every effort by the first method failing, about twelve o'clock at night the extremities were removed, and the head opened. About four in the morning, I had succeeded so far as to get away several portions of the parietal and frontal bones; and was sanguine enough to hope, that, by a repetition of exertions, I might succeed in bringing the head, as in her first labour, through the superior aperture of the pelvis. After many unsuccessful attempts, I determined, there being no uterine action, to suspend all further endeavours for two hours.

At seven in the morning, on resuming the means for extracting the fœtus, no alteration in its position was discovered, and the head remained precisely in the place in which it was in the early part of the labour.

At nine in the morning the patient had profuse diarrhœa, accompanied with extreme debility, cold perspiration, dilatation of the pupil, hard rapid pulse, and cadaverous countenance: these appearances were quickly followed by a convulsion, in which she expired.

At my particular request, Mr. Brookes opened the body about eight or ten hours after death; and to his attention I am indebted for the subsequent history of the appearances.

EXAMINATIO CADAVERIS.

Brain. — On raising the *calvarium* and detaching the *dura-mater*, about an ounce and a half of pellucid serous fluid was found between the *pia-mater* and *tunica arachnoides*, considerably separating the two membranes. This morbid secretion might be considered as the consequence of great determination of blood to the brain, which was also evident from the turgid state of the vessels of that organ. — The *plexus choroides* and

velum interpositum were remarkably florid: no fluid was found in the cavities, except a few drops of blood in the inferior *cornu* of the left lateral ventricle.

Abdomen.—The integuments and abdominal muscles being removed, a laceration of the uterus just above the cervix toward the left side anteriorly was discovered; through which nearly the whole of the foetus enveloped in the membranes and the placenta had escaped into the cavity of the abdomen, in which was found about twelve ounces of blood. The foetus was lying transversely, with its back upwards. The peritoneal covering of the intestines and stomach was in a state of high inflammation. During the examination of the abdominal cavity, the uterus was observed to contract very considerably, and the contracting muscular fibres became distinctly marked on its surface.

OBSERVATIONS.

From the preceding history it is proved that the uterus is sometimes ruptured anteriorly; and the probability is, that, in this instance, the uterine action which lacerated that organ would, had the pelvis been of sufficient dimensions, have expelled the foetus. The dissection also demonstrated, that the excitement of labour had too long been delayed; but it does not prove, however, that premature parturition is not sometimes an expedient that may be highly proper, for the nearly certain preservation of the mother, and the probable saving of her offspring.

The first account of this operation was given by Dr. Kelly and Dr. M^cCauly, who relate their success three times on one patient, and who had twice a living child. Dr. Denman mentions twelve instances of premature delivery by himself, or under his advice, unaccompanied with any unfavourable circumstance. In one patient in my own practice, where cephalotomia had been resorted to in a former labour, premature delivery was brought on, and a living child was born. But as the advantages to be expected from this operation depend on the relative proportions of the pelvis and the foetus, it is essential, when deciding on its propriety, to determine these facts with all possible precision; for should the gestation be allowed to proceed until the child has arrived at too large a size, the advantage of saving its life will be lost, though that of the mother may with somewhat more certainty even then be preserved, than if gestation had gone on to its full term.

Although the case of *Elizabeth Danielli* was prepared for the press previous to the publication of Dr. Blegborough's case of Mrs. Pope, its printing was delayed to afford the op-

portunity of making some observations on two essential points of practice.

The first of these respects the propriety of performing cephalotomia in preference to the *cæsarean* section, in all cases of distortion where the pelvis measures only one inch and three quarters.

That the *cæsarean* section may, under some circumstances, be preferable to cephalotomia, I am disposed to admit; because, as in the case of Elizabeth Danielli, it may be impossible to extract the *fœtus* after the head is opened. It is then that both mother and child must perish. If in the case of this woman the *cæsarean* section had been early performed, the child would have been saved, for it was known to be alive; and the mother might, though it is not probable, have survived. The great difficulty of ascertaining which of these operations should be adopted in preference to the other in any given case, is sufficiently apparent: yet the sweeping conclusion that the *cæsarean* section should be always rejected, I am not willing to allow, for by that operation the life of the child will often be saved, and if it be performed early, possibly sometimes that of the mother.

The second proposition, which supposes the laceration of the uterus to be known to have taken place at its cervix, advises the incision in the *cæsarean* section to be made in that part in preference to any other.

The great object to be attended to in making the incision through the teguments in the *cæsarean* operation, seems very properly to have been the avoidance of the epigastric and hypogastric arteries, and their anastomosing branches, so much enlarged during *utero-gestation*. The proposition to make the incision near the *cervix uteri*, even should the laceration be ascertained to be in that part, so much hazards the wounding of the trunks or enlarged branches of these arteries, that I am disposed to think it altogether inadmissible.

68, *Berners Street*, November, 1814.

